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APPLICANTS

Benjamin N. Eldridge, Danville, CA;
 Carl V. Reynolds, Pleasanton, CA;

** CONTINUING DATA ***** *none na*

** FOREIGN APPLICATIONS ***** *none na*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> <i>na</i> Examiner's Signature Initials | STATE OR COUNTRY CA | SHEETS DRAWING 19 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 3 |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS

Daniel J. Lueders, Esq.
 Woodard, Emhardt, Naughton, Moriarty and McNett
 Bank One Center/Tower
 111 Monument Circle, Suite 3700
 Indianapolis, IN
 46204-5137

TITLE

Probe card covering system and method

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| FILING FEE RECEIVED 2216 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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